Monitoring Waiver Application 2002-2010

*Community water systems and non-community non-transient water systems use this form to apply for monitoring waivers. Applications must be received no later than **December 31, 2004,** to be considered for the 2005-2007 monitoring period. This form must be accompanied by the 1) **Monitoring Reduction Questionnaire on page 2 and 2) Waiver Agreement. Filling out this form does not automatically grant a monitoring waiver. Please print clearly.***

Water System Information Block:

PWS 7 Digit Number: **ID**	PWS Name:		Name of Person Filling out Application and Title:	
Address:	City/State/ZIP:	System Population: ☐ <500 ☐ 501-3,300 ☐ 3,301-10,000		Number of Connections:
County:	Phone Number:	List type(s) of centralized treatment utilized by your system *(i.e. chlorination, filtration, etc.)*:		

Waiver Request Block:

	1 NAME OF SOURCE	2	3	4	5	6
Please write the name for each sampling point/source in the spaces provided to the right.→ Chemical compliance is based on entry point monitoring, which is representative of each source after treatment. Each waiver is considered separately by individual contaminant and by source. If you have more than 6 sources, copy this form prior to filling it out. Indicate the type of waiver(s) you are requesting for each source by placing an "**X**" or a " " in the appropriate column.						
1. IOCs (Inorganic Contaminants) excluding nitrate/nitrite, sodium and arsenic. *a Sources influenced by geothermal waters OR sources in the Garden Valley area are not eligible for fluoride waivers.* *b. Three rounds of monitoring with at least one since 1/1/90 are required to qualify.*						
2. IOC: Asbestos *a. Sources near asbestos deposits or contamination or if the distribution system contains asbestos cement pipe, the source/system will be ineligible and will need to monitor between 2002-2004.*						
3. IOC: Cyanide						
4. VOCs (Volatile Organic Contaminants) excluding trihalomethanes *a. Three annual rounds OR 4 quarters of monitoring are required to qualify unless reduced frequency was allowed for the system under the Chafee Amendment.*						
5. SOCs (Synthetic Organic Contaminants) IMPORTANT: Select Only a. Use OR b. Susceptibility. Do not select both.						
a. SOC Use Waiver: *No SOCs are being or have been used, manufactured, transported, stored or disposed of in the watershed for surface water or zone of influence for ground water.*						
b. SOC Susceptibility Waiver: *If a **USE** waiver is not applicable, the susceptibility waiver is based on an approved vulnerability assessment and prior analytical results.*						
6. SOC: Dioxin						

	NAME OF SOURCE 1	2	3	4	5	6
PWS Number: ID _____ Write the name for each sampling point/source in the spaces provided to the right. → Chemical compliance is based on entry point monitoring, which is representative of each source after treatment. In pen, clearly indicate the appropriate response under the column representing the entry point/source. If you have more than 6 sources, copy this form prior to filling it out. **Please read the questions carefully.**						
1. Type of Source *(Place a check under appropriate source at right)*						
a. Ground Water (including springs)						
b. Surface Water (including those under the influence of surface water)						
2. Land use and system characteristics *(Write in appropriate number under each source)*						
a. List by number the type that best describes the aquifer which supplies water to this source **(please do not guess)** 1. Basalt 2. Sedimentary 3. Volcanic 4. Mixed volcanic/sedimentary 5. Unconsolidated alluvium 6. Other 7. Don't know 8. Surface water/NA						
b. Land use within 2-mile radius of source (list by number all that are 25% or more of total)： 1. Residential 2. Agricultural— livestock 3. Agricultural—crop land 4. Industrial 5. Undeveloped 6. Other (describe on separate paper and attach)						
c. System has a state certified source water/drinking water protection plan. (Certified within past 3 years) Yes or No (Answering "No" does not disqualify you from receiving waivers)						
d. Does the system use any asbestos-cement pipe or is there asbestos mineral deposits within 5 miles?						
e. Is the source influenced by geothermal waters?						
f. Have there been any changes to the system's configuration or pumping rates within the past year? If yes, please submit a description of the changes along with the application.						
3. Well characteristics *(Only fill out this portion if the source is a well)*						
a. Please indicate the depth of the well in **feet** at the right (Depth to end of casing, 1st screen or perforation in casing) Leave blank or write "NA" if not known.						
b. Approximate distance in **miles** to nearest active/inactive dump or landfill. NA if not known or >5 miles.						
c. Approximate distance in **miles** to nearest tank farm or bulk petroleum transfer station. NA if > 10 miles						
d. Are there any of the following industries within 1000 feet of the wellhead (write Yes or No) If yes, please attach a description and location of the facility. Service stations, dry cleaners, small or large machinery repair shops, electronics repair shops or other light/heavy industry.						
e. Has the last sanitary survey indicated that the well meets minimum construction standards for flood protection? (write Yes or No or UNK for unknown)						
f. Indicate by number the best description of the soil type around the well: 1. Topsoil rich in humus 2. Topsoil with heavy clay 3. Sand or silt 4. Fractured rock or gravel 5. Solid rock 6. Other						
4. Surface water characteristics *(Only fill out this portion if the source is surface water)*						
a. Has the watershed been inspected in the past year for signs of dumping? Yes or No. If dumpsites were found, please attach a brief description of the contents.						